3-13-06

PTO/SB/21 (09-04)
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## **Application Number** 10/828481-Conf. #4860 Filing Date **TRANSMITTAL** April 20, 2004 First Named Inventor **FORM** Carl H. JUNE Art Unit 1633 (to be used for all correspondence after initial filing) **Examiner Name** M. Leavitt Attorney Docket Number 0036119.00140US3 Total Number of Pages in This Submission 4

ENCLOSURES (Check all that apply)						
x Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC		
Fee	Attached	s	Appeal Communication to Board of Appeals and Interferences			
Amendmer	Amendment/Reply Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affida	avits/declaration(s)	Power of Attorney, Revoc		Status Letter		
Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):		
Express Al	pandonment Request	Request for Refund	Request for Refund			
x Information	n Disclosure Statement	CD, Number of CD(s)				
Certified C Document	opy of Priority (s)	Landscape Table	on CD			
	issing Parts/ Application	Remarks				
	y to Missing Parts under FR 1.52 or 1.53					
		<i>(</i>				
	SIGNATI	URE OF APPLICANT, ATT	ORNEY, OR	AGENT		
Firm Name WILMER CUTLER PICKERING HALE AND DORR LLP						
Signature Warra A Alluft						
Printed name	Donna M. Meuth					
Date	March 10, 2006		Reg. No.	36,607		

Express Mail Label No. EV759302464US	Dated: March 10, 2006		

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR FY 2006  FILENT Application Number   10/828481-Conf. #4860   Filing Date   April 20, 2004   Filing Date   M. Leavitt   Application Number   M. Leavitt   Application Summer   M. Leavitt   Application Number   M. Leavitt   At Unit   1633    METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify): X Deposit Account   Deposit Account Number   08-0219   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge lee(s) indicated below   Charge lee(s) indicated below, except for the filing fee   X Charge sey additional fee(s) or underpayment of   X Charge see(s) indicated below, except for the filing fee   X Charge see(s) indicated below, except for the filing fee   X Charge see(s) indicated below, except for the filing fee   X Charge see(s) indicated below, except for the filing fee   X Charge see(s) indicated below   X Cha	Under the Paperwork	k Reduction Act of 1	995, no person are requ	ired to re	spond to a collection				control number
### Application Number   10/828481-Conf. #4860	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			1818).	Complete if Known				
For FY 2006  Fig. 1 Applicant claims small entity status. See 37 CFR 1.27  Art Unit	FEE TRANSMITTAL				Application Num				
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1633				L	Filing Date		<del></del>		
Application Type Pec (S) Plant Position	F	L	First Named Inventor   Carl H. JUNE						
METHOD OF PAYMENT (S) 180.00   Attomey Docket No.   O036119.00140US3					Examiner Name M. Leavitt		-		
METHOD OF PAYMENT (check all that apply)    Check	Applicant claim	s small entity status	s. See 37 CFR 1.27		Art Unit	1	633		
Check Credit Card Money Order Oberosit Account Deposit Account Name Oberosit Account Nam	TOTAL AMOUNT OF	FPAYMENT	<b>(\$)</b> 180.00		Attorney Docket	No. 0	036119.00140	DUS3	
X   Deposit Account   Deposit Account Number: 08-0219   Deposit Account Name:   Wilmer Cutler Pickering Hale and Dorr LLP	METHOD OF PAY	MENT (check a	II that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Credit any overpayments	Check Cı	redit Card	Money Order	None	Other (	please identii	fy):		
Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee	X Deposit Account	Deposit Account No	umber: 08-0219 Dep	osit Accor	unt Name: Will	mer Cutler	Pickering Ha	le and Do	orr LLP
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  (x) Charge any additional fee(s) or underpayment of tele(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (3) Fee (	For the above	e-identified depos	sit account, the Dire	ctor is I	hereby authorize	d to: (check	all that apply)		
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X Credit any overpayments	i —	-			<del></del>			cept for t	he filing fee
Fee   Sunder 37 CFR 1.16 and 1.17	Charge	any additional fe	e(s) or underpayme	ent of	x Credit	anv overna	vments		_
SEARCH   SEARCH, AND EXAMINATION FEES   FILING   FEES   Small Entity   Small Entity   Fee (\$)   Fee (\$)	fee(s) ι	under 37 CFR 1.	16 and 1.17						
Papelication Type					filing or may	be subjec	t to a surcha	rge.)	
Replication Type	1. BASIC FILING, SE				DOU EEES	EVAMINI	ATION EEES		
Design		FIL		SEA		EXAMINA			
Design   200   100   100   50   130   65	Application Type	Fee (\$)		ee (\$)		Fee (\$)		Fees I	<u> Paid (\$)</u>
Plant	Utility	300	150	500	250	200	100		
Reissue   300   150   500   250   600   300	Design	200	100	100	50	130	65		
Provisional   200   100   0   0   0   0   0   0   0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Reissue	300	150	500	250	600	300		
Fee   S   Fee   S   Fee   S	Provisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Attomey/Agent). 36,607 Telephone (617) 526-6000	2. EXCESS CLAIM F	EES							Small Entity
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No. (Attomey/Agent) 36,607 Telephone (617) 526-6000	Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Multiple dependent claims  Total Claims  Extra Claims  -20 = x =								50	25
Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)	Each independent cla	im over 3 (inclu	ding Reissues)					200	100
HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 =	Multiple dependent c	laims						360	180
HP = highest numer of total claims paid for, if greater than 20.   Indep. Claims	Total Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)	Mu	<u>Itiple Depende</u>	nt Claims	
Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Hees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Attorney/Agent)			=			<u>Fee</u>	<u>: (\$)</u> <u>F</u>	ee Paid (	<u>\$)</u>
HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	ľ	•	greater than 20.						_
APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			Fee (\$)	Fee Pa	aid (\$)				
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			id for if proster then 2						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	-		nd for, if greater than 3.						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			and 100 cheets of	nanar (	aveluding electro	onically file	ed sequence or (	computer	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Submitted by  Signature  Registration No. (Attorney/Agent)	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
- 100 =	sheets or fraction	thereof. See 35	U.S.C. 41(a)(1)(G	i) and 3	7 CFR 1.16(s).				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000	Total Sheets	Extra Sheets	Number of	each ad	ditional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY Signature  Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000									
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000									
SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000	Non-English Specification, \$130 fee (no small entity discount)								
Signature Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000	Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement					Statement	18	80.00	
Signature Registration No. (Attorney/Agent) 36,607 Telephone (617) 526-6000	SUBMITTED BY	# 1	1. "						
	1 //	once Il	Mush		Registration No. (Attorney/Agent)	36,607	Telephone	(617) 52	6-6000
· · · · · · · · · · · · · · · · · · ·	Name (Print/Type) Dor	nna M. Meuth					Date	March 1	0, 2006

Express Mail Label No. EV759302464US Dated: March 10, 2006

Docket No.: 0036119.00140US3 (AM100528)

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Carl H. JUNE et al.

Application No.: 10/828481 Confirmation No.: 4860

Filed: April 20, 2004 Art Unit: 1633

For: METHODS FOR TRANSFECTING T CELLS Examiner: M. Leavitt

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

Pursuant to 37 CFR 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the reference listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the reference be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits and before the mailing date of a final Office Action or a Notice of Allowance. Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Dated: March 10, 2006

10, 2006 Respectfully submitted,

03/14/2006 AKELECH1 00000036 080219 10828481

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Donna M. Meuth

Registration No.: 36,607

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Boston, Massachusetts 02109

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Attorney for Applicants

MAR I 0 2006

PTO/SB/08a/b (07-05) Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for form 1449A/B/PTO				Complete if Known		
		_		Application Number	10/828481-Conf. #4860	
1	<b>NFORMATION</b>	N DI	SCLOSURE	Filing Date	April 20, 2004	
;	STATEMENT	BY /	APPLICANT	First Named Inventor	Carl H. JUNE	
				Art Unit	1633	
	(Use as many sh	eets as	s necessary)	Examiner Name	M. Leavitt	
Shee	t 1	of	1	Attorney Docket Number	0036119.00140US3	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patient Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Nind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. Applicant is to place a check mark here if English language Translation is attached.

	NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²			
		Guba et al., "Interleukin-3 Gene Induction in Normal Human T Cells Via Stimulation of CD3 and CD28," Clinical Research, 37(4): 902A (1989)				

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	 Date	
Signature	 Considered	
		<del></del>

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.